



"People  
helping people  
help  
themselves"

Mitchell E. Daniels, Jr., Governor  
State of Indiana

**Indiana Family and Social Services Administration**  
402 W. WASHINGTON STREET, P.O. BOX 7083  
INDIANAPOLIS, IN 46207-7083

**TO:** Domestic Violence Providers

**FROM:** Jim Dunn, Section Manager

**THROUGH:** Rich Adams, Deputy Director

**DATE:** **January 10, 2007**

**SUBJECT:** FY 2007 Sexual Offense Services Application (SOS)

We are pleased to provide the Domestic Violence application packet.

The Division of Family Resources (DFR) will award funding for one year to agencies statewide providing Preventive Health Service programs. We hope you find this application process efficient.

Before completing your submission, please note the following:

1. Updates to the application format have occurred. Please read and answer each question carefully.
2. Agencies who administer services to victims of sex offenses and services for the prevention of sex offenses especially rape are eligible to apply for this Domestic Violence funding. Funding is limited to agencies who been in existence and providing services for at least two years prior to submitting an application.
3. The **application will not be reviewed** if required General Information documents are not submitted within the period allotted. *Agencies must maintain a minimum score of 70 after reviewing materials to proceed for final review.*
4. Two or more members of the Review Committee will evaluate and score all applications. An average score is achieved which determines the award allocation.
5. All agreements are performance based. Mandatory reports and annual outcome reports are required. Facilities will need to show documentation of these outcomes by filling out a monthly performance report and attaching any supportive documentation.

Equal Opportunity/Affirmative Action Employer



6. Pay close attention to the "Description of Grants and Funding Opportunities" section. These service details provide agencies with a description of State expectations in order to apply for funding.
7. The Secretary of State's Certificate of Existence must be in the agency's legal, incorporated name. Using an assumed name or DBA is not acceptable.

The application deadline is **Wednesday, January 31, 2007**. Applications received after 4:00 p.m. on that date, faxed proposals, or incomplete submissions will **NOT** be considered.

Please submit one original application and one copy to the attention of:

**BONNIE GRIMES  
DIVISION OF FAMILY RESOURCES  
FAMILY INDEPENDENCE SERVICES SECTION  
402 W. WASHINGTON ST., ROOM W 363-MS09  
INDIANAPOLIS, IN 46206-6116  
FEDERAL EXPRESS ZIP CODE - 46204**

Should you have any questions regarding the domestic violence funding application, please contact Celeste Jackson, Domestic Violence Program Specialist, at 317.233.6113. We look forward to your participation in this process.

**FAMILY AND SOCIAL SERVICES ADMINISTRATION  
DIVISION OF FAMILY RESOURCES  
Family Independence Services Section**

**DOMESTIC VIOLENCE PROGRAMS**

**FY 2007  
APPLICATION FOR FUNDS  
COVER PAGE**

Contact Information

**Family Independence Services Section  
402 W. Washington St., Room W 363-MS09  
Indianapolis, Indiana 46204**

**Celeste Jackson**  
Domestic Violence Specialist  
[Celeste.Jackson@fssa.in.gov](mailto:Celeste.Jackson@fssa.in.gov)  
317.233.6113

## GENERAL INSTRUCTIONS

- The Division of Family Resources must receive the completed application for Domestic Violence Sexual Offense Service funding, for Fiscal Year 2007 **by 4:00 PM (EST) on Wednesday, January 31, 2007.** **Materials received after the deadline or apart from the application will not be considered.** For acknowledgment that the proposal has been received, include a self-addressed stamped postcard to be mailed when the proposal is received. **The Application for Funds (AFF) will be posted on our website: <http://www.in.gov/fssa/family/>**
- Applications should be mailed or delivered to the following address:

**BONNIE GRIMES  
DIVISION OF FAMILY RESOURCES  
FAMILY INDEPENDENCE SERVICES SECTION  
402 W. WASHINGTON ST., ROOM W 363-MS09  
INDIANAPOLIS, IN 46204  
FEDERAL EXPRESS ZIP CODE - 46204**

**Application materials delivered to any other address will not be considered.**

- Applications must be consistent with the service descriptions and comply with requirements contained in this Application for Funds.
- Submit **one (1) original** application. The original must be signed in **blue** ink. **Applications will not be accepted via email or facsimile.**
- The application must be typed (no smaller than 12 pitch) and single-spaced. **Number each page in sequential order beginning with the Cover Sheet.** The General Information Section requires tabs or markers between each requirement. Submit proposal in a pocket folder, with General Information on one side and Program Narrative on the other. Place the name of the Shelter on the front cover of the folder along with legal name if applicable. No three ring binders will be accepted.
- Certain sections of the narrative have **page limits**, which must not be exceeded.
- The application must follow the format and order presented herein. The forms provided with this notice **must be** utilized in completing the application, but may be reproduced.
- **The application will not be reviewed if all required documents are not submitted.**
- Do not send in, attach, or include any pamphlets, publications, or brochures with your grant application.

## **GENERAL INFORMATION SECTION**

**AGENCY INFORMATION:** Agency information should follow this tab in the below order.

- Articles of Incorporation
- Secretary of State Certificate of Existence (Must be current)
- Agency Description and History - By reading this description, a reviewer should understand the purpose of your agency, mission, goals, major programs, projects and accomplishments, certifications, services provided, targeted population served, etc. [Overall description and history of agency not to exceed two pages]
- Letters of support: Grant submission requires one letter of support from the local Division of Family Resources (DFR) office. Also, include an additional letter or Memorandums of Understanding from a social service provider (i.e. community action agencies, churches, hospitals, schools, mental health facilities, etc.)
- Most recent agency organizational chart
- Agency Budget: Attach a current copy of your organization's total budget.
- Financial Statements: Attach a copy of your organization's most recently completed year-end financial statements. (Annual or Fiscal Year-End, Audited if applicable)
- Agency Rules and Termination Policies applicable to the domestic violence services
- Application for Funds (Form enclosed)
- Domestic Violence Service Description (Form enclosed)
- List of **current** board members (Form enclosed)
- FSSA Provider Data Form (Form enclosed)
- W-9 / Taxpayer Identification Number (Form enclosed)
- Automatic Direct Deposit Authorization Agreement (Form enclosed)
- Residential only – provide a copy of **current** fire inspection and health department inspection. (If your fire inspector or health inspector state that an inspection is not needed you are required to send a current letter from the representative on their agency's letterhead)

**CERTIFICATES OF INSURANCE AND BONDING:** Attach a copy of the Certificate of Insurance indicating the current amounts of coverage.

- General Liability (minimum coverage is \$300,000)
- Automobile Liability (must include non-owned vehicles)
- Workmen's Compensation and Unemployment Compensation

- Bond or insurance coverage for all persons who will be handling funds in an amount equal to one-half (1/2) of the total annual funding provided by the State or \$250,000, whichever is less
- Coverage for property damage losses due to fire, flood, and natural disasters (\$100,000 minimum coverage)

**CERTIFICATION STATEMENT AND SIGNATURE:** Please complete the enclosed form certifying authorization of the agency to apply for funding. (Place Form in this section)

**FSSA PROVIDERS DATA FORM INSTRUCTIONS:** The FSSA Providers Data Form is used by the Claims Management System (CMS) and the Auditor's Office to insure data integrity for the issuance of checks and processing of claims. We would like to call your attention to three areas, which deserve special attention.

1. **EIN:** Correctly enter the "Provider's FID/EIN/SSN" items. Most agencies will have an EIN number that starts with 35-. It is important that this information be correct as FSSA pays all claims by the EIN number. (Your agency must be a non-profit or public agency in order to apply for funding.)
2. **Claims for reimbursements:** Once FSSA allocates agency awards, the Claims Department will mail a contract requesting signatures to ensure the agency agrees to the terms of service. Return of the signed contract will prompt the department to mail claim forms for reimbursement covering each fiscal year.
3. **Counties coinciding with claims:** These are the counties in which you actually provide services to clients and **NOT** the county of residence of the clients. If the agency, by formal agreement, authorization, or funding formula, provides services for counties, other than the county where your physical structure is located, check those counties.

You may check "State-Wide" only if you truly provide services in the entire state. You will get one claim form for the State-Wide Services. Statewide is **NOT** to be used to indicate the clients' county of residence.

**Application for Funds**  
**Indiana Family and Social Services Administration**  
**Division of Family Resources**  
**Family Independence Section**  
**FY 2007**

(Required Information for all Proposals)

Agency's Legal Name:	Agency Mailing Address, including City / State/Zip:
Is agency's mailing address confidential?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Federal ID/Employer ID:
Agency CEO/Executive Director:	Agency Program Director:
Agency Physical Address, including City/State/Zip	Is agency's physical address confidential?  <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone: (     )  FAX: (     )  Email:	Principal counties your agency serves:
Please circle the most accurate description of your agency:  <input type="checkbox"/> non-profit <input type="checkbox"/> town <input type="checkbox"/> county  <input type="checkbox"/> educational institution <input type="checkbox"/> city	Has this agency ever contracted with any other division of the Family and Social Services Administration? (If yes, please specify which Division.)  <input type="checkbox"/> Yes <input type="checkbox"/> No

## **DESCRIPTION OF GRANTS AND FUNDING OPPORTUNITIES**

This section provides information regarding grant requirements. All Residential and Non-Residential facilities must comply with the State Standards to be eligible for funding. Domestic Violence funding recipients are required to be a regional participant of a Peer Review Process. Failure to participate in this process will reduce agency points toward future domestic violence funding.

### **Eligible Service Providers**

Services will be purchased from agencies that have been providing the program components listed for at least two years and have participated in a peer review, new agency review or contract management review and found compliant with the state standards for domestic violence service providers. All eligible service providers must provide equal service opportunities without regard to income. Refer to the compliance certification section for additional information.



## SERVICE DESCRIPTIONS

**SEXUAL OFFENSE SERVICES (SOS)** – Program guidelines allow for services to victims of sex offenses and for the prevention of sex offenses, especially rape. The program provides for planning, administration and educational activities related to the project. Program funds may also be used for monitoring, evaluation, and start-up for performance activities to prevent diseases and improve the health status of citizens. **No match required.**

### *Priorities:*

1. Identify at-risk potential for sexual assault victims with focus on housing communities and high-risk crime areas.
2. Develop unserved and underserved areas to make services available.
3. Outreach to minority populations by providing educational programs regarding reporting, availability of services and prevention education programs.
4. Develop a place to educate male sex offenders under the age of thirty.

Apply for:                      ☐YES                      ☐NO

(If yes, complete application packet)

SOS dollars requested:                      \$\_\_\_\_\_

**Total Project Cost:**                      \$\_\_\_\_\_

**BOARD MEMBER INFORMATION**  
***(DUPLICATE FORM AS NECESSARY)***

ORGANIZATION: \_\_\_\_\_

MEMBER:  
MAILING ADDRESS:  
COUNTY REPRESENTED:  
TERM BEGAN:  
REPRESENTATION:

POSITION:  
  
PHONE:  
TERM ENDS:

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REPRESENTATION:

POSITION:  
  
PHONE:  
TERM ENDS:

<b>CERTIFICATIONS</b>
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**Each applicant applying for funds must certify the agency's compliance with the following assurances and be prepared to provide written policies and procedures, where applicable, and upon request.**

**A. AUTHORITY OF APPLICANT AND ITS REPRESENTATIVE:**

The authorized representative of the agency who signs the certifications and assurances affirms that both the applicant and its authorized representative have adequate authority under state and local law and internal rules of the applicant organization to:

1. Execute and return the application
2. Execute and return the required certifications, assurances, and agreements on behalf of the applicant
3. Understand that intentional falsification, concealment or cover up by any trick, scheme or devise of any information, charts, data, attachments, or materially false, fictitious or fraudulent statement or representation of any information, submitted by the applicant will permanently disqualify the applicant from applying for funds under this program's initiatives.

**B. STANDARD ASSURANCES:**

The applicant assures that the agency will comply with all applicable Federal and State statutes, regulations, Executive Orders, circulars, and other Federal administrative requirements in carrying out the grant. In particular, the applicant will comply with State Standards and OMB Circulars A-87, A-110, A-122, and A-133

The applicant acknowledges that it is under a continuing obligation to comply with the terms and conditions of the grant and recognizes that Federal or State laws, regulations, policies and, administrative practices, might be modified from time to time and may affect the implementation of the project.

*OMB Circulars website: [www.whitehouse.gov/omb/circulars/index.html](http://www.whitehouse.gov/omb/circulars/index.html)*

**C. DEBARMENT OR SUSPENSION:**

The applicant or principals have not been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction, or have not been terminated for cause or default.

#### **D. DRUG FREE CERTIFICATION:**

The applicant will publish, or has published, a statement notifying its employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against the employees for violation of that prohibition.

Establish an ongoing drug-free awareness program to inform its employees about: (1) the dangers of drug abuse in workplace; (2) the applicant's policy of maintaining a drug-free workplace; (3) any available drug counseling, rehabilitation, and employee assistance programs, and (4) the penalties that may be imposed upon its employees for drug abuse violations occurring in the workplace.

Agencies are required to ensure that each employee engaged in the performance of the grant receive a statement of the applicant's drug policy.

#### **E. NON-DISCRIMINATION:**

The applicant will comply with Title VI of the 1964 Civil Rights Act, as amended (42 U.S.C. § 2000d et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), and the Americans with Disabilities Act (ADA), as amended (42 U.S.C. § 12101 et seq.).

The Civil Rights Act generally requires that applicants assure that no person otherwise qualified, will be excluded from participation in or be denied the benefits of, or otherwise discriminated against in any program, or activity conducted by the applicant on the basis of race, color, national origin, creed, sex, or age.

The Rehabilitation Act and ADA generally require that any person otherwise qualified with a disability, shall not be excluded from participation in, or denied the benefits of, or otherwise subjected to, discrimination in any program, or activity receiving federal assistance, by reason of that disability.

#### **F. AGE DISCRIMINATION ACT:**

The 1975 Age Discrimination Act, as amended, (42 U.S.C. § 6101 et seq.) provides that no person shall be excluded from participation, denied program benefits, or subjected to discrimination on the basis of age, under any program, or activity receiving federal funds.

**G. EXECUTIVE ORDER (EO) 11246:**

This EO, as amended, provides that no person shall be discriminated against, on the basis of race, color, religion, sex, or national origin, in any phase of employment during the performance of federal contracts in excess of \$10,000.

**H. ANTI-LOBBYING:**

Pursuant to 31 U.S.C. § 1352, and any regulations promulgated thereunder, applicant hereby assures and certifies, to the best of his or her knowledge and belief, that no federally appropriated funds have been paid, or will be paid, by or on behalf of applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress, in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

**J. RELIGIOUS ACTIVITIES:**

Applicant agrees that activities conducted with funding obtained through this agreement shall be non-sectarian in nature and that religious activities shall not be included in any activities to be conducted hereunder.

**K. CONFLICT OF INTEREST:**

Applicant specifically agrees to comply with applicable provisions of the Office Of Management and Budget Circulars A-110 and "The Common Rule" regarding conflicts of interest. Applicants further acknowledge and agree that no employee, agent, representative, or subcontractor of applicant who may be in the position to participate in the decision-making process of applicant or its subcontractors may derive an inappropriate personal or financial interest or benefit from any activity funded through this agreement, either for himself or for those with whom he has family business ties.

**M. ENVIRONMENTAL TOBACCO REGULATIONS:**

Applicant certifies that it will comply with applicable provisions of the Pro-Children Act of 1994 (20 U.S.C. § 6081 et seq.), which requires that smoking not be permitted in any portion of any indoor facility owned,

leased, or contracted for by contractor and which is used routinely or regularly for the provision of health, day care, education, or library services to children under the age of eighteen (18) years, if the services are funded by federal programs either directly or through states or local governments by federal grant, contract, loan, or loan guarantee. This provision shall not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment.

**SEXUAL OFFENSE SERVICES (SOS)**

**FUNDING APPLICATION**

**(DVPT)**

**OCTOBER 1, 2006 THROUGH JUNE 30, 2007**

<http://www.in.gov/fssa/family/>

**SEXUAL OFFENSE SERVICES GRANT**  
**APPLICATION INSTRUCTIONS**

**SECTION PROPOSAL PAGE LIMIT: Six page program narrative information section and provided budget sheets.**

*Program Requirements for SOS Services*

*1. Funds may be used for:*

- Preventive health service programs or activities consistent with making progress toward achieving the directives established for the health status of the population for fiscal year 2007.
- Providing services to victims of sex offenses and for the prevention of sex offenses, especially rape.
- Related planning, administration and educational activities related to the projects funded.
- Monitoring and evaluation related to the projects funded.
- Start-up projects for activities to prevent disease and improve the health status of citizens
- **It is mandatory that grantees keep statistical records to submit monthly along with a program narrative of services to FSSA. A closeout report is due no later than sixty days after each Fiscal Year. FSSA will supply the reporting forms and instructions on the Domestic Violence website for your convenience or electronically.**

*2. Funds may not be used for:*

- Providing inpatient services.
- Making cash payments to intended recipients of health services.
- Satisfying any requirements for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.
- Conferences and related activities, such as refreshments, promotional items, promotional activities, and /or accommodations.
- Performance of activities not specifically for disease prevention/health status improvements.



*Program Narrative:* The Sexual Offense Services Program Narrative section must contain the following components; Abstract, Needs Statement, Outcomes, Action Plan, Evaluation, Financial Narrative, provided Budget Sheets and the Compliance Statement.

- ❑ Abstract: Clearly and concisely, summarize the Sexual Offense Services program request.
- ❑ Needs Statement: This section documents the needs to be met or problems to be solved by the proposed project. The Needs Statement should provide data that supports the need in the applicant's proposed service area. It should outline the coordination of services in the area and the agency's involvement in the area's continuum of care. This section should answer the following questions:
  1. Whom will the program serve? Include factors that characterize the population.
  2. Where is this population located geographically?
  3. How will the identified population be referred or directed to your program?

This section should contain necessary statistics to demonstrate relevant physical, economic, social, financial, institutional, or other problems.

- ❑ Outcomes: This section should outline the working primary measurable outcomes. Each agency must provide and maintain all counseling and/or case management services in the individual case files. Each agency must have a minimum of three collaborative partners involved in the development and delivery of their services. Please indicate those agencies.

All contracts will be performance-based. This means that payment will be determined by the completion of your outcomes. Programs will need to show documentation of these outcomes by utilizing a review tool. A monthly progress report will be distributed by FSSA and agencies need to complete and submit with claim reimbursements.

Select **four (4)** of the five Program Component Outcomes your agency will work towards during the contract period. For each outcome you should tell, (1) who (2) is going to do what (3) when (4) how much and (5) how you will measure it.

- (1) Provide seven (7) educational trainings to professionals in high crime and minority population areas to help enhance services in those areas.
- (2) Provide ten (10) age appropriate educational trainings to help reduce incidences of date rape. (Targeted groups: middle, high school and college age youth through community and church groups, after school programs and social organizations).
- (3) Provide immediate crisis intervention, treatment assistance and advocacy to those clients and dependents that have been assaulted or abused.
- (4) Provide comprehensive case management services utilizing the service plan as a means to document direct and indirect services to clients who have experienced sexual assault or are in danger of sexual abuse.
- (5) Provide education and treatment to male offenders under the age of thirty, predominately of adolescent/teen years who are committing a sex offense.

- ❑ Action Plan: This section should describe the activities to be employed to achieve the desired results. The Action Plan describes the steps to be taken and should flow from the outcomes. Actions should be understandable, clear and accompanied by an explanation of the rationale underlying your choice of addressing the problem. The Action Plan should describe staffing, clients and time frames. Below are examples of actions/measures that may be utilized for each of the outcome components selected.

- (1) Documentation of announcement and or invitation of the date and place of presentation, sign in sheets and materials will be maintained on sight for program specialist review. Monthly submission will highlight service location, topic of discussion, devoid of personal identifiers and assessment results if applicable.
  - (2) Documentation of announcement and or invitation of the date and place of presentation, sign in sheets and materials will be maintained on sight for program specialist review. Monthly submission will highlight service location, topic of discussion, devoid of personal identifiers and assessment results if applicable.
  - (3) Programs are required to have a crisis hotline telephone system-staffed 24 hours a day, seven days a week, by a trained person and accompany any victim of sexual assault or abuse to law enforcement agencies or medial treatment facilities. Programs are required to provide services to person at risk of sexual assault including, but not limited to, follow-up assistance. Sign in sheets, employment/travel logs will be maintained for program specialist review. Direct client services are required to be submitted with claim reimbursements devoid any personal identifiers.
  - (4) Documentation of the number of service plans completed indicating services provided to be submitted to program specialist devoid any personal identifiers.
  - (5) Documentation of the number of service plans completed indicating services provided to be submitted to program specialist devoid any personal identifiers.
- ❑ **Evaluation:** This section presents your plan for determining the degree to which outcomes are met and action plans are followed. The Evaluation should determine the extent to which the program has achieved its stated objectives. The section should explain who will be performing evaluation activities, define evaluation criteria, explain methods for gathering data, describe tools and instruments used in evaluation, and describe how evaluation will be used to improve the program.
- ❑ **Budget: (Use enclosed form)** Please complete the budget sheet for Fiscal Year 2007. If your agency utilized other methods of financing sex offense services that began on October 1, 2006 of this contract period and maintained supporting documentation. Please indicate the cost of the services within the expense section of the attached budget. Within the Financial Narrative section, agencies are to provide the funding source and the units for which services were paid. (Column C)
- ❑ **Financial Narrative:** **Follow the instructions for completing this section.** The Financial Narrative is for Sexual Offense Services. Do not include the entire budget for your agency. This sheet describes your program cost associated with each expense line item from your purchase service request. Highlight separated cost of services performed prior to the R.F.F. within this contract period. Please note interest accrued from loans will not be reimbursable. (EX. Personnel, contractual, other services, supplies, equipment, building /land, and indirect cost) Equipment Costs are for purchases that exceed \$5,000 per unit, i.e. if your agency purchases a computer for \$2,000 it is not equipment and should be noted under office supplies. Agencies are to complete a Financial Narrative outlining the requested SOS funds. After the committee reviews all proposals and announces the awards, grantees will receive a Budget Form and Contract Agreement by mail. The Budget Form is to be completed based upon the award granted by the State.

## PROJECTED BUDGET FISCAL YEAR 2007

### SEXUAL OFFENSE SERVICE GRANT

<b>EXPENSE LINE ITEMS</b>	<b>Column A Total Program Costs</b>	<b>Column B Purchased Services SOS</b>	<b>Column C Reimbursed Expense Cost</b>
1. Professional Training  <i>Actual Cost</i>			
2. Age Appropriate Education  <i>\$10 dollars Per child pre/post assessment</i>			
3. Crisis Intervention/ Advocacy  <i>\$40.00 per client served</i>			
4. Case Management Direct/Indirect Services  <i>\$40.00 per hour</i>			
5. Offenders Education/ Treatment  <i>\$40.00 per hour</i>			
<b>8. Total SOS Funds Requested</b>			

\*\*Following this page, please describe costs associated with each expense line item for which you are requesting funds. This financial narrative should be specific and include all costs.

## **CERTIFICATION STATEMENT AND SIGNATURE**

Grantee Name:

In order for your agency to be considered for a contract, the following certification Statement must be SIGNED BY THE INDIVIDUAL AFFILIATED WITH YOUR AGENCY WHO IS AUTHORIZED (in your by-laws) TO SIGN YOUR CONTRACT.

This certification must be submitted with all proposal materials.

I have read the request for proposal materials and understand the intent, limitations, and requirements of services purchased through this proposal and the contractual requirements of the State.

I hereby certify that all program information in the program proposal forms is true and correct and accurately reflects the agency's program. I understand and will comply with the programmatic contractual requirement placed upon this agency if we are awarded a contract.

I hereby certify that the FY'07 and FY'8 Projected Budget page completed for this agency is true and accurately reflects the agency's projected cost of service delivery.

I certify that no collusion has contractual requirements placed upon the agency, if we are awarded a contract.

Signature:

Name: (typed or printed)

Title:

Agency's Legal Name:

Date: